

November 22, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0303-01
IRO #: 5251

____ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ____ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD with specialization and board certification in Neurosurgery. The ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

____ is a 55-year-old woman who was injured on ____ while lifting a box at the grocery store. She had the onset of low back pain. She has undergone conservative treatment including physical therapy and chiropractic without any improvement. She has had an MRI that revealed apparent discogenic disease at L5-S1. A lumbar discogram was performed by the ____, Department of Radiology, and it was positive at L5-S1 with the injection of 2 cc of Omnipaque. There were two other levels injected, L4-5 and LS1-2, neither producing any pain. It was felt to be a positive discogram. Consideration has also been given to an interbody fusion from a surgical point of correction. ____ suggested IDET therapy as a way of treating her chronic discogenic disease.

REQUESTED SERVICE

IDET (intradiscal electrothermal therapy) is requested for ____.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient appears to have undergone adequate treatment for her low back pain, but it has failed. She has had a good workup, including MRI and a positive discogram that was done at a reputable institution. The IDET procedure has been well-documented in several studies, including Saul and Saul and Spine Journal, and Bogduck again in Spine 10/02, demonstrating the efficacy of IDET. The reviewer found that the reason for prior denial was because the amount of injection on the discogram was 2 cc, and the previous reviewer suggested only 1.25cc, a difference which seems to be a difficult amount to distinguish between.

The reviewer finds that the IDET procedure should be approved. The fifty percent success rate is useful, as it is an effective way to try to prevent the more invasive interbody fusions.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 22nd Day of November 2002.